



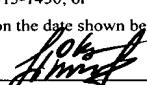
DPW

TRANSMITTAL FORM

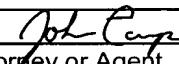
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Label No.:

Application Number	10/775,304
Filing Date	February 10, 2004
First Named Inventor	J. Orr
Group Art Unit	2673
Examiner Name	Not Yet Assigned
Attorney Docket Number	306786.01

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Preliminary Amendment (9 pages) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Drawing Replacement Sheets (Figs. 14-19; 2 sheets) <input checked="" type="checkbox"/> Copy of this Transmittal Form <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CERTIFICATE OF MAILING OR TRANSMISSION <small>(Under 37 CFR § 1.8(a))</small> I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (571) _____. <u>August 25, 2005</u>  Date Signature Rima N. Oks Printed Name		
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT

Signature 	Reg. No.	49,014
Name of Attorney or Agent	John Campa	
Date <u>August 25, 2005</u>	Tel.	(425) 706-0731
Assignee Name:	MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052	
Customer Number:	22971	

O I R E
AUG 29 2005

Effective on 12/08/04
Subject to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEES TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**0.00**

Complete if Known

Application Number	10/775,304
Filing Date	February 10, 2004
First Named Inventor	J. Orr
Examiner Name	Not Yet Assigned
Art Unit	2673
Attorney Docket No.	306786.01
Express Mail Label No.	N/A

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		<u>Fee (\$)</u>	<u>Fee (\$)</u>
	<u>35 - 35 or HP =</u>	<u>0</u>	<u>x 50</u>	<u>= 0</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
					<u>HP = highest number of total claims paid for, if greater than 20</u>	<u>0</u>	<u>50</u>	<u>25</u>
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>200</u>	<u>100</u>

4 - 4 or HP = 0 x 200 = 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>-100 = 0</u>	<u>/ 50 = 0</u>	<u>(round up to a whole) number x 250 = 0</u>	<u>250</u>	<u>0</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

0

0

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 49,014	Telephone (425) 706-0731
Name (Print/Type)	John Campa	Date August 25, 2005	